

ATTACHMENT B – RFP#720C-04050-06M

INVENTORY FOR CLIENT AND AGENCY PLANNING (ICAP)



INVENTORY for CLIENT and AGENCY PLANNING

9-22158

RESPONSE BOOKLET

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CLIENT

Name _____
LAST FIRST M.I.

Address _____
STREET

CITY STATE ZIP

Phone () _____

Residential Facility _____

School/Day Program _____

County/District Responsible _____

Case Manager _____ Phone _____

Parent or Guardian _____ Phone _____

Respondent (Your Name) _____ Your Phone _____

Relationship to Client _____

Reason for Evaluation _____

CALCULATION OF AGE Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

Client ID _____

Residence ID _____

Day Program ID _____

Co./District ID _____

Case Manager ID _____

Other ID _____

	YEAR	MONTH	DAY
Evaluation Date	_____	_____	_____
(-) Birth Date	_____	_____	_____
Age	_____	_____	_____
	YRS.	MOS.	

ICAP Training Implications Profile

MOTOR SKILLS

0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54				
	0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54			
<0-3	0-3		0-5		0-7	0-9	1-0	1-4	1-8	2-0	2-6	3	4	5	6	8	10	12	15	18	22	adult

SOCIAL AND COMMUNICATION SKILLS

0,1,2,3,4	5	6	8	10	12	16	20	24	28	32	35	38	42	46	50	53	55	56	57			
0,1	2	3	4	5	6	8	10	12	16	20	24	28	32	35	38	42	46	50	53	55	56	57
<0-3	0-3			0-5	0-7	0-9	1-0	1-4	1-8	2-0	2-6	3	4	5	6	8	10	12	15	18	22	adult

PERSONAL LIVING SKILLS

0,1	2	3	4	5	7	10	13	17	22	28	34	40	44	50	56	60	62	63		
0	1	2	3	4	5	7	10	13	17	22	28	34	40	44	50	56	60	62	63	
<0-3	0-3	0-5	0-7	0-9	1-0	1-4	1-8	2-0	2-6	3	4	5	6	8	10	12	15	18	22	adult

COMMUNITY LIVING SKILLS

0	1	2	3	5	8	11	14	17	20	26	32	38	44	50	54	56	57		
0	1	2	3	5	8	11	14	17	20	26	32	38	44	50	54	56	57		
<0-5	0-5	0-7	0-9	1-0	1-4	1-8	2-0	2-6	3	4	5	6	8	10	12	15	18	22	adult



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The ICAP should be completed by a respondent who knows the client well. The respondent should refer to the ICAP manual for more detailed information, definitions of terms, and directions for completing the ICAP.

A. Descriptive Information

1. SEX (Mark one)

- ☐ 1. Male
☐ 2. Female

2. HEIGHT _____ ft. _____ in. (or _____ cm.)

3. WEIGHT _____ lbs. (or _____ kg.)

4. RACE (Mark one)

- ☐ 1. White
☐ 2. Black
☐ 3. Oriental, Asian, or Pacific Islander
☐ 4. American Indian or Alaskan Native
☐ 5. Other: _____

5. HISPANIC ORIGIN (Mark one)

- ☐ 1. Not Hispanic
☐ 2. Hispanic

6. PRIMARY LANGUAGE UNDERSTOOD (Mark one)

- ☐ 1. English
☐ 2. Spanish
☐ 3. Other: _____

7. PRIMARY MEANS OF EXPRESSION (Mark one)

- ☐ 1. None
☐ 2. Gestures
☐ 3. Speaks
☐ 4. Sign language or finger spelling
☐ 5. Communication board or device: _____
☐ 6. Other: _____

8. MARITAL STATUS (Mark one)

- ☐ 1. Never married
☐ 2. Married
☐ 3. Separated
☐ 4. Divorced
☐ 5. Widow or widower

9. LEGAL STATUS (Mark one)

- ☐ 1. Legally competent adult
☐ 2. Parent or relative is guardian or conservator
☐ 3. Non-relative is guardian or conservator
☐ 4. State or county is guardian or conservator
☐ 5. Other: _____

B. Diagnostic Status

1. PRIMARY DIAGNOSIS (Mark one) AND

2. ADDITIONAL DIAGNOSED CONDITIONS

(Mark all that apply)

- ☐ ☐ 1. None
☐ ☐ 2. Autism
☐ ☐ 3. Blindness
☐ ☐ 4. Brain or neurological damage; chronic brain syndrome
☐ ☐ 5. Cerebral palsy
☐ ☐ 6. Chemical dependency
☐ ☐ 7. Deafness
☐ ☐ 8. Epilepsy or seizures
☐ ☐ 9. Mental retardation
☐ ☐ 10. Physical health problems requiring medical care by
licensed nurse or physician: _____
☐ ☐ 11. Mental illness (formal diagnosis); psychosis, schizophrenia, etc.
☐ ☐ 12. Situational mental health problem (formal diagnosis);
depression, anxiety, fearfulness, mood disturbance
☐ ☐ 13. Other: _____

Comments:

C. Functional Limitations and Needed Assistance

1. LEVEL OF MENTAL RETARDATION *(Mark one)*

- ☐ 1. Not mentally retarded
- ☐ 2. Mild (IQ 52–70)
- ☐ 3. Moderate (IQ 36–51)
- ☐ 4. Severe (IQ 20–35)
- ☐ 5. Profound (IQ under 20)
- ☐ 6. Unknown, delayed, at risk

2. VISION *(Mark one)*

- ☐ 1. Sees well (may wear glasses)
- ☐ 2. Vision problems limit reading or travel (may wear glasses)
- ☐ 3. Little or no useful vision (even with glasses)

3. HEARING *(Mark one)*

- ☐ 1. Hears normal voices (may use hearing aid)
- ☐ 2. Hears only loud voices (may use hearing aid)
- ☐ 3. Little or no useful hearing (even with hearing aid)

4. FREQUENCY OF SEIZURES *(Mark one)*

- ☐ 1. None, or controlled
- ☐ 2. Less than monthly seizures
- ☐ 3. Monthly seizures
- ☐ 4. Weekly or more often

5. HEALTH *(Mark one)*

- ☐ 1. No limitation in daily activities
- ☐ 2. Few or slight limitations in daily activities
- ☐ 3. Many or significant limitations in daily activities

6. REQUIRED CARE BY NURSE OR PHYSICIAN *(Mark one)*

- ☐ 1. Less than monthly
- ☐ 2. Monthly
- ☐ 3. Weekly
- ☐ 4. Daily
- ☐ 5. 24-hour immediate access

7. CURRENT MEDICATIONS *(Mark all that apply)*

- ☐ 1. None
- ☐ 2. For health problem: _____
- ☐ 3. For mood, anxiety, sleep, or behavior: _____
- ☐ 4. For epilepsy, seizures: _____
- ☐ 5. Other: _____
- ☐ 6. Unknown

8. ARM/HAND *(Mark one)*

- ☐ 1. No limitation in daily activities
- ☐ 2. Some daily activities limited
- ☐ 3. Most daily activities limited

9. MOBILITY *(Mark one)*

- ☐ 1. Walks (with or without aids)
- ☐ 2. Does not walk
- ☐ 3. Limited to bed most of the day
- ☐ 4. Confined to bed for entire day

10. MOBILITY ASSISTANCE NEEDED *(Mark all that apply)*

- ☐ 1. None
- ☐ 2. Needs assistive devices (cane, walker, wheelchair): _____
- ☐ 3. Occasionally needs help of another person
- ☐ 4. Always needs help of another person

Comments:

D. Adaptive Behavior

DIRECTIONS

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.

- Estimate by rating how well the client *could* do the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Picks up small objects with hand.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Transfers small objects from one hand to the other hand.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Sits alone for thirty seconds with head and back held straight and steady (without support).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Stands for at least five seconds by holding on to furniture or other objects.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Pulls self into a standing position.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Puts small objects into containers and takes them out again.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Stands alone and walks for at least six feet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Scribbles or marks with a pencil or crayon on a sheet of paper.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Removes wrappings from small objects such as gum or candy.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Turns knob and opens a door.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Climbs a six-foot ladder (for example, a stepladder or a slide).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Cuts with scissors along a thick, straight line.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Prints first name, copying from an example.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Picks up and carries a full bag of groceries at least twenty feet and sets it down.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Folds a letter into three equal sections and seals it in an envelope.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Threads a sewing needle.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

____ SUM ____ SUM ____ SUM ____ SUM
x0 x1 x2 x3

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	MOTOR SKILLS
							RAW SCORE (54)

2. SOCIAL AND COMMUNICATION SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—
may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—
may need to be asked

3. DOES VERY WELL—
always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Makes sounds or gestures to get attention.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Reaches for a person whom he or she wants.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Turns head toward speaker when name is called.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Imitates actions when asked, such as waving or clapping hands.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Hands toys or other objects to another person.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as, "Do you want some milk?"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Points to familiar pictures in a book on request.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Says at least ten words that can be understood by someone who knows him or her.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Asks simple questions (for example, "What's that?").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Speaks in three- or four-word sentences.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Locates or remembers telephone numbers and calls friends on the telephone.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Writes, prints, or types understandable and legible notes or letters for mailing.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Locates needed information in the telephone yellow pages or the want ads.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home.

____ SUM ____ SUM ____ SUM ____ SUM
 x0 x1 x2 x3

+

+

=

SOCIAL AND COMMUNICATION SKILLS

RAW SCORE (57)

3. PERSONAL LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—
may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—
may need to be asked

3. DOES VERY WELL—
always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Swallows soft foods.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Picks up and eats foods such as crackers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Holds out arms and legs while being dressed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Holds hands under running water to wash them when placed in front of a sink.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Eats solid foods with a spoon with little spilling.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Stays dry for at least three hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Removes pants and underpants.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Puts on T-shirt or pullover shirt, although it may be on backward.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Closes the bathroom door when appropriate before using the toilet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Cuts food with a knife instead of trying to eat pieces that are too large.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Washes, rinses, and dries hair.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Washes and dries dishes and puts them away.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Prepares shopping list for at least six items from a grocery store.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Loads and operates a washing machine using an appropriate setting and amount of detergent.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Plans, prepares, and serves main meal for more than two people.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.

_____ SUM _____ SUM _____ SUM _____ SUM
 x0 x1 x2 x3

+ + = PERSONAL LIVING SKILLS
 RAW SCORE (63)

4. COMMUNITY LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or ¼ of the time—
may need to be asked

2. DOES FAIRLY WELL—or ¾ of the time—
may need to be asked

3. DOES VERY WELL—
always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Finds toys or objects that are always kept in the same place.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Finds own way to a specified room when told to go (for example, "Go wait in the kitchen").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Indicates when a chore or assigned task is finished.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Stays in an unfenced yard for ten minutes when expected without wandering away.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Uses the words "morning" and "night" correctly.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Trades something for money or another item of value (for example, trades one book for another one or for money).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Buys items that cost at least twenty-five cents from a vending machine (for example, candy, milk or soda pop).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Crosses nearby residential streets, roads, and unmarked intersections alone.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Buys specific items requested on an errand, although may not count change correctly.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. States day, month, and year of birth.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Correctly counts change from a five-dollar bill after making a purchase.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Writes down, if necessary, and keeps appointments made at least three days in advance.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Works at a steady pace on a job for at least two hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Completes applications and interviews for jobs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Receives bills in the mail and pays them before they are overdue.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Balances a checkbook monthly.

____ SUM ____ SUM ____ SUM ____ SUM
 x0 x1 x2 x3

++=

COMMUNITY LIVING SKILLS

RAW SCORE (57)

E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

5. UNUSUAL OR REPETITIVE HABITS

Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

6. SOCIALLY OFFENSIVE BEHAVIOR

Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)

- ☐ 0. No problem behaviors in any of the 8 categories
- ☐ 1. Do nothing, or offer comfort
- ☐ 2. Ask client to stop, reason with him or her
- ☐ 3. Purposely ignore, reward other behavior
- ☐ 4. Ask client to amend or correct the situation
- ☐ 5. Structure or restructure surroundings, remove material
- ☐ 6. Ask client to leave room, sit elsewhere (time out)
- ☐ 7. Take away privileges from client
- ☐ 8. Physically redirect, remove or restrain client
- ☐ 9. Get help (two or more people needed to control client)
- ☐ 10. Other: _____

Comments: _____

F. Residential Placement

1. CURRENT RESIDENCE (Mark one)

- ☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐

2. RECOMMENDED CHANGE within next two years, if any (Mark one)

- ☐
☐
☐
☐
☐
☐
☐

☐
☐
☐
☐
☐
☐
☐

1. With parents or relatives
2. Foster home
3. Independent in own home or rental unit
4. Independent with regular home-based services or monitoring
5. Room and board without personal care
6. Semi-independent unit with supervisory staff in building
7. Group residence with staff providing care, supervision and training (includes all sizes and ICF-MR/DD) Number of residents: _____
8. Personal care facility with staff providing care, but no training or nursing services
9. Intermediate care nursing facility
10. Skilled nursing facility
11. State institution
12. Other: _____
13. No change recommended

Comments:

G. Daytime Program

1. CURRENT FORMAL DAYTIME ACTIVITY (Mark one)

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

2. RECOMMENDED CHANGE within next two years, if any (Mark one)

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

1. No formal daily program outside the home
2. Regular volunteer activities outside the home
3. School: _____
4. Day care
5. Daytime activity center (personal, social, prevocational activities)
6. Work activity center (social and vocational training)
7. Sheltered workshop
8. Supervised or supported on-site job placement
9. Competitive employment
10. Other: _____
11. No change recommended

Comments:

H. Support Services

1. PRESENTLY
BEING USED
(Mark all that apply)

2. NOT USED NOW,
BUT EVALUATION NEEDED
(Mark all that apply)

1. None
2. Case management: _____
3. Home-based support services: _____
4. Specialized dental care: _____
5. Specialized medical care: _____
6. Specialized nursing care: _____
7. Specialized mental health services: _____
8. Specialized nutritional or dietary services: _____
9. Therapies—occupational, physical or speech: _____
10. Respite care (to aid caretaker or parent): _____
11. Specialized transportation services: _____
12. Vocational evaluation: _____
13. Other: _____

Comments:

Social and Leisure Activities

1. SOCIAL AND LEISURE ACTIVITIES WITHIN LAST MONTH
(Mark all that apply)

- ☐ 1. None
- ☒ 2. Talked to family or friends on telephone
- ☐ 3. Visited with family
- ☐ 4. Visited with friends or neighbors from outside residence
- ☐ 5. Went shopping or out to eat (alone or with someone else)
- ☐ 6. Attended outside social or recreational activity
- ☐ 7. Engaged in hobby or personal leisure activity
- ☐ 8. Other: _____

2. FACTORS LIMITING SOCIAL ACTIVITIES

- ☐ 1. None
- ☒ 2. Lack of interest
- ☐ 3. No one to accompany the client
- ☐ 4. Lack of transportation
- ☐ 5. Lack of money
- ☐ 6. Health problem
- ☐ 7. Behavior problem
- ☐ 8. Other: _____

Comments:

Do these results provide an accurate representation of the client's present functioning? ____ 1. Yes ____ 2. No

If not, what is the reason for questioning results? _____



General Information and
Recommendations



Important information for program decisions from Section B, **Diagnostic Status**, and Section C, **Functional Limitations**

Information from other sources:

Test	Date	Scores
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information needed to make program decisions for this client:



PROGRAM GOALS

SERVICE GOALS

ADAPTIVE BEHAVIOR:

Motor Skills: _____

Social and Communication Skills: _____

Personal Living Skills: _____

Community Living Skills: _____

PROBLEM BEHAVIOR:

Physical, Medical, Therapeutic Care: _____

Residential Services: _____

Daytime and Social Activities: _____

Educational Services: _____

Support Services: _____

Social and Leisure Activities: _____

Other recommendations, future review and needed actions: _____

SUMMARY OF SCORES

Adaptive Behavior

(Norms based on subject's age)

SCALE					INSTRUCTIONAL RANGE		± 1 SE _M CONFIDENCE BAND			
	Raw Score	(a) Domain Score	(b) SE _M	Age Score	Easy	Difficult	(c) Average Domain Score	(d) Domain Difference Score	(e) Domain Difference Score -1 SE _M	(f) Domain Difference Score +1 SE _M
Motor Skills	(54)	<div>a</div> Table A	<div>b</div> Table A	Table A	_____ to _____ Table A		<div>c</div> Table F	<div>a-c=d</div> + or -	<div>d-b=e</div>	<div>d+b=f</div>
							Use this Column in <div></div> Table G	PR _____ SS _____ NCE _____ RPI _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90
Social and Communication Skills	(57)	<div>a</div> Table B	<div>b</div> Table B	Table B	_____ to _____ Table B		<div>c</div> Table F	<div>a-c=d</div> + or -	<div>d-b=e</div>	<div>d+b=f</div>
							Use this Column in <div></div> Table G	PR _____ SS _____ NCE _____ RPI _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90
Personal Living Skills	(63)	<div>a</div> Table C	<div>b</div> Table C	Table C	_____ to _____ Table C		<div>c</div> Table F	<div>a-c=d</div> + or -	<div>d-b=e</div>	<div>d+b=f</div>
							Use this Column in <div></div> Table G	PR _____ SS _____ NCE _____ RPI _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90
Community Living Skills	(57)	<div>a</div> Table D	<div>b</div> Table D	Table D	_____ to _____ Table D		<div>c</div> Table F	<div>a-c=d</div> + or -	<div>d-b=e</div>	<div>d+b=f</div>
							Use this Column in <div></div> Table G	PR _____ SS _____ NCE _____ RPI _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90
Sum of the Four Domain Scores		<div></div> Total								
Broad Independence		<div>a</div> a = Total ÷ 4	<div>b</div> Table E	Table E	_____ to _____ Table E		<div>c</div> Table F	<div>a-c=d</div> + or -	<div>d-b=e</div>	<div>d+b=f</div>
							Use this Column in <div></div> Table G	PR _____ SS _____ NCE _____ RPI _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90	_____ to _____ _____ to _____ _____ to _____ _____ /90

MALADAPTIVE BEHAVIOR WORKSHEET

Calculating Maladaptive Indexes

Instructions:

Step 1. Circle the Part Scores for each of the client's Frequency and Severity ratings.

Step 2. Circle the Part Scores for the client's age in years.

Step 3. Total the circled Part Scores for each index and record in the space labeled "Sum."

Step 4. Subtract this sum from 100 to obtain the Maladaptive Index. Record a "+" or "-" as appropriate.

Step 5. Transfer these scores to the Maladaptive Behavior Indexes Profile on the back cover.

Interpretation:

The indexes have a mean of zero for normal clients of the same age. Negative scores indicate problem behavior toward the maladaptive end of the scale. The typical standard deviation observed in various clinical samples at several age levels is 10 points. Nonhandicapped groups typically have standard deviations of about 8 points. Evaluating the clinical significance of the Maladaptive Behavior Indexes may be aided by using the levels of seriousness in the following table. These levels of seriousness also appear at the bottom of the Maladaptive Behavior Indexes Profile on page 16.

Level of Seriousness	Index Value
N—Normal	+10 to -10
MgS—Marginally Serious	-11 to -20
MdS—Moderately Serious	-21 to -30
S—Serious	-31 to -40
VS—Very Serious	-41 and below

Problem Behavior

INTERNALIZED

1. Hurtful to Self

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

0

1

2

3

4

5

16

18

20

22

23

25

16

19

22

25

28

—

2. Hurtful to Others

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

3. Destructive to Property

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

4. Disruptive Behavior

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

5. Unusual or Repetitive Habits

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

0

1

2

3

4

5

16

17

18

20

21

22

16

19

21

24

27

—

6. Socially Offensive Behavior

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

7. Withdrawal or Inattentive Behavior

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

0

1

2

3

4

5

16

18

20

21

23

25

16

19

22

25

29

—

8. Uncooperative Behavior

Raw score _____

Frequency: _____

Raw score _____

Severity: _____

Step 2

Part Scores
for Age in Years

CLIENT'S AGE

1-8
0

9-15
1

16+
2

Step 3

Sum of Part Scores

100

— SUM

Step 4

Maladaptive Index

INTERNALIZED MALADAPTIVE INDEX (IMI)

Part Scores for Ratings

ASOCIAL

EXTERNALIZED

GENERAL

		0	1	2	3	4	5
		6	7	7	8	9	10
		6	7	8	10	11	—
	0	1	2	3	4	5	
	15	17	19	22	24	26	
	15	18	21	24	27	—	
	0	1	2	3	4	5	
	15	17	20	23	25	28	
	15	18	22	25	29	—	
	0	1	2	3	4	5	
	15	16	18	19	21	22	
	15	17	20	22	25	—	
	0	1	2	3	4	5	
	6	6	6	7	7	8	
	6	7	7	8	9	—	
0	1	2	3	4	5		
23	25	27	30	32	34		
23	26	30	33	36	—		
	0	1	2	3	4	5	
	6	6	7	7	8	8	
	6	7	8	9	10	—	
0	1	2	3	4	5		
23	26	28	31	33	35		
23	27	30	34	37	—		
1-7 0	8-10 1	11-12 2	13-15 3				
14-15 4	16 5	17-18 6	19+ 7				
100	100	100					
— SUM	— SUM	— SUM					
<input type="text"/> + OR -	<input type="text"/> + OR -	<input type="text"/> + OR -					
ASOCIAL MALADAPTIVE INDEX (AMI)	EXTERNALIZED MALADAPTIVE INDEX (EMI)	GENERAL MALADAPTIVE INDEX (GMI)					

